

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715596

FILED
May 01, 2008
Secretary of State

Entity Name: 644 EUCLID CONDOMINIUM, INC.

Current Principal Place of Business:

644 EUCLID AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN PROPERTY MANAGEMENT SPC.
PO BOX 191042
MIAMI BEACH, FL 33119

New Mailing Address:

FEI Number: 59-1726973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KERVELIS, SUSAN
3125 PINE TREE DRIVE
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

AMERICAN PROPERTY MANAGEMENT SPECIALISTS
1370 WASHINGTON AVE.
SUITE 312
MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KRISTINA MANGOLD

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KERVELIS, SUSAN
Address: 3125 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD () Delete
Name: ALDRICH, VIOLA
Address: 644 EUCLID AVE #4
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: MELGAREJO, CAYO
Address: 644 EUCLID AVE APT 11
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN KERVELIS

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date